

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
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Office Use Only CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Montgomery Cardiovascular Associates PC PAC

ADDRESS (number and street) ▼

P O Box 241587

☐ Check if different than previously reported. (ACC)

Montgomery

AL

36124

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00280107

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☒ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 01 / 01 / 2014

through

MM / DD / YYYY 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rick Roney

Signature of Treasurer

Rick Roney

Date

MM / DD / YYYY 10 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Montgomery Cardiovascular Associates PC PAC

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2014		12,171.91
(b) Cash on Hand at Beginning of Reporting Period.....	12,172.38	
(c) Total Receipts (from Line 19)31	.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12,172.69	12,172.81
7. Total Disbursements (from Line 31)	1,000.07	1,000.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11,172.62	11,172.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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Montgomery Cardiovascular Associates PC PAC

From:

To:

COLUMN B
Calendar Year-to-Date

- (c) Total Transfers (add 18(a) and 18(b))..

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE of Disbursements

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II. Disbursements

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements07	.19
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,000.07	1,000.19

DETAILED SUMMARY PAGE of Disbursements

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III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	00	00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00



Regions Bank
Norman Bridge
3720 Norman Bridge Road
Montgomery, AL 36105



MCA PAC
ATTN: RICK RONEY
PO BOX 241587
MONTGOMERY AL 36124-1587

ACCOUNT #

Cycle
Enclosures
Page

001
27
0
1 of 2

BUSINESS INTEREST CHECKING

July 1, 2014 through September 30, 2014

SUMMARY

Beginning Balance	\$12,172.38	Minimum Daily Balance	\$11,172
Deposits & Credits	\$0.00 +	Average Monthly Statement Balance	\$12,016
Net Interest Earned	\$0.24 +	Annual Percentage Yield Earned	0.01%
Withdrawals	\$0.00 -	Interest This Period	\$0.31
Fees	\$0.00 -	Average Collected Balance	\$12,118.11
Automatic Transfers	\$0.00 +	2014 YTD Interest	\$0.90
Checks	\$1,000.00 -	2014 YTD Federal Withholding Tax	\$0.19
Ending Balance	\$11,172.62		

INTEREST

07/31	Interest Payment	0.10
07/31	Federal Withholding Interest	0.02
08/29	Interest Payment	0.10
08/29	Federal Withholding Interest	0.02
09/30	Interest Payment	0.11
09/30	Federal Withholding Interest	0.03

Total Net Interest \$0.24

CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
09/26	1005	1,000.00			

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
07/31	12,172.46	09/26	11,172.54		
08/29	12,172.54	09/30	11,172.62		

You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.



Regions Bank
Norman Bridge
3720 Norman Bridge Road
Montgomery, AL 36105

MCA PAC
ATTN: RICK RONEY
PO BOX 241587
MONTGOMERY AL 36124-1587



ACCOUNT #

	Cycle	001
	Enclosures	27
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		2 of 2

For all your banking needs, please call 1-800-REGIONS (734-4667).
or visit us on the Internet at www.regions.com.

Thank You For Banking With Regions!

1-800-REGIONS



4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

		Checking Account
1.	Write here the amount shown on statement for ENDING BALANCE	\$
2.	Enter any deposits which have not been credited on this statement.	\$ +
3.	Total lines 1 & 2	\$ =
4.	Enter total from 4a (column on right side of page)	\$ -
5.	Subtract line 4 from line 3. This should be your checkbook balance.	\$ =

Check No.	Amount	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Enter in Line 4 at Left	\$	

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

**Summary of Our Error Resolution Procedures
In Case of Errors or Questions About Your Electronic Transfers**
Telephone us toll-free at 1-800-734-4667
or write us at
Regions Electronic Funds Transfer Services
Post Office Box 413
Birmingham, Alabama 35201

Please contact Regions as soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts: If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment	RI - Return Item	CR - Credit	SC - Service Charge	OD - Overdrawn
EB - Electronic Banking	NSF - Nonsufficient Funds	APY - Annual Percentage Yield	FWT - Federal Withholding Tax	*Break in Number Sequence

REGIONAL BANK

FIRST-CLASS MAIL

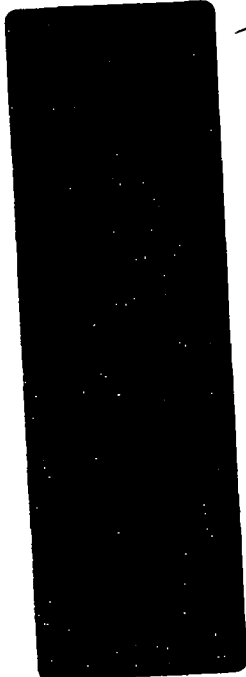
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10/14/2014

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Montgomery Cardiovascular Associates, P.C.
P.O. Box 241587
Montgomery, Alabama 36124-2398

INCOME TAX POLICY

(8/2013)